

STOW Y.E.S. INC SOFTBALL PLAYER REGISTRATION
P.O. Box 1338 Stow 44224 phone 330-206-3856

PLEASE PRINT

Player's Name _____ Home Phone _____

Address _____ City _____ Zip _____

Date of Birth _____ Playing Age* _____ School Attending _____

*Playing Age determined as of January 1st of playing year

Last Year's Team _____
 _____ I League (Instructional – Coach Pitch) 6,7,8 year olds.....\$ 125.00

_____ A League 9 – 10 year olds.....\$ 145.00

_____ B League 11 – 12 year olds.....\$ 145.00

_____ C League 13 – 14 year olds.....\$ 145.00

Team / Coach Preference: _____

_____ Father's Name _____ Mother's Name _____

_____ Work Phone _____ Cell Phone _____ Work Phone _____ Cell Phone _____

_____ E-mail Address _____ E-mail Address _____

SHIRT SIZE: **CHILD** - SM MED LG **ADULT** - SM MED LG XLG 2XLG

SHORTS SIZE (I League) **CHILD** - SM MED LG **ADULT** - SM MED LG XLG 2XLG

PANTS SIZE (A,B & C League) **CHILD** – MED LG **ADULT** - SM MED LG XLG 2XLG

SOCK SIZE **Youth** (foot size thru 4) **Intermediate** (foot size 4.5 - 7.5) **Adult** (size 8 and up)

Visors Available Upon Request (\$11 charge for A, B and C League): _____

Would you like to manage a team? ___ Yes ___ No

If new to the league, who referred you? _____

As the parent or legal guardian of the above registered player, I understand that by signing this document I release Stow Y.E.S. Inc. , its directors, agents, officers, and volunteers from any liability associated with the activities in which my child is involved.

Signature of Parent _____ Date _____

OFFICE USE ONLY:

Date of Registration _____ Registration Fee Received _____ Cash ___ Check # _____

Birth Certificate checked by _____ 1st Year ___ Yes ___ No Handel's Card Distributed _____



Minor Waiver/Release

**RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING**

IN CONSIDERATION OF _____, my child/ward, being allowed to participate in any way in **STOW YOUTH SPORTS ELITE INC.** related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **STOW YOUTH ELITE SPORTS INC.** it's directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the events ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all of the above Releases from any and all liabilities incident to my child/ward's involvement or participation in these programs. EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)
Date Signed: _____

(PRINT NAME)

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation and accept them as a participant.

(PARENT/GUARDIAN SIGNATURE)
Date Signed: _____

(PRINT NAME)

MEDIA RELEASE

1. I grant permission for my child to be photographed and/or videotaped, or have her name published by Stow Y.E.S. Inc. in a media available to the public (local newspapers, educational newsletters, websites, etc) used to promote or publicize the sports program.
2. I also hereby release Stow Y.E.S. Inc. and its agents, officers, and volunteers from all claims, demands, and liabilities whatsoever in connection with the above.
- 3.
- 4.

(PARENT/GUARDIAN SIGNATURE)
Date Signed: _____

(PRINT NAME)

STOW Y.E.S. INC. SOFTBALL

MEDICAL INFORMATION AND AUTHORIZATION

PLEASE PRINT

Player's Name: _____ **Age:** _____ **Date of Birth:** _____

Address: _____ **City:** _____ **Zip:** _____

Home Phone: _____

Father's Name: _____ **E-mail:** _____

Address: _____ **Employer:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Mother's Name: _____ **E-mail:** _____

Address: _____ **Employer:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Health and Medical Information:

Insurance Company: _____ **Policy / ID No:** _____

Family Physician's Name: _____ **Phone:** _____

Family Dentist's Name: _____ **Phone:** _____

Allergies: _____

Regular Medications: _____

Any restrictions on activities for medical reasons? Explain: _____

Parent Authorization

The information above is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission for an adult leader to take the child to the nearest hospital emergency room and for the physician, selected by the adult leader, to administer whatever medical treatment is deemed appropriate, including but not limited to injections, anesthesia, oral medications, surgical procedures and hospitalization. **I will be responsible for payment of bills incurred due to medical expenses rendered.**

I understand that by signing this document I release Stow Y.E.S., its directors, agents, and volunteers from any liability associated with the activities in which my child is involved.

Signature of Parent

Date